

Case Number:	CM15-0233664		
Date Assigned:	12/09/2015	Date of Injury:	04/02/2001
Decision Date:	01/12/2016	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old male, who sustained an industrial injury on April 2, 2001, incurring right knee injuries. He was diagnosed with a right knee meniscal tear and an anterior cruciate ligament tear. Treatment included surgical arthroscopic medial meniscus repair and ACL reconstruction, physical therapy, pain medications, muscle relaxants, sleep aides and activity modifications. He continued with stability in the right knee after surgery but had ongoing pain, weakness and numbness in the right shin as well as loss of function of the knee. The injured worker complained of intermittent low back pain and a Magnetic Resonance Imaging of the lumbar spine performed in 2003 revealed multiple levels of disc bulging and facet arthropathy. He reinjured his back in 2005 after a fall. In 2013, the injured worker complained of persistent low back pain and was ordered on Norco for pain. Currently, the injured worker complained of chronic low back pain radiating into the lower extremities. The chronic pain interfered with his activities of daily living. He continued with medication management to help control his ongoing pain. The treatment plan that was requested for authorization included a prescription for Norco 10-325mg #90. On October 30, 2015, a request for a prescription for Norco was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC].

Decision rationale: The claimant has a remote history of a work injury occurring in April 2001 when he fell 4-5 feet from a frame with injury to the right knee. In June 2001 he underwent right knee arthroscopic surgery with a medial meniscus repair and anterior cruciate ligament reconstruction. He was seen for an initial evaluation by the requesting provider on 10/20/15 due to worsening knee pain and had back pain with numbness and tingling in the lower extremities. Physical therapy and chiropractic treatments had not helped. He was taking Norco 10/325 mg four times per day which was decreasing pain from 8/10 to 4/10. Physical examination findings included mild lumbar tenderness with decreased and painful range of motion. There was positive right straight leg raising. Patrick's testing was positive on the right side. There was mild right knee tenderness and pain with range of motion. There was decreased right lower extremity strength and sensation. Urine drug screening was performed and his CURES report was checked. Norco 10/325 mg #90 was prescribed with no refills. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and this medication had provided decreased pain. Urine drug screening was performed and the claimant's CURES report was appropriate. The total MED was less than 120 mg per day consistent with guideline recommendations. Prescribing is medically necessary.